U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.
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	d	·
1, File Number U - 601		2. Fiscal Year Covered From:
1		1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.		4. Name, file number, and address of labor organization.
Name Michael	Ramos	Name Teamsters Local No. 17
		Labor Organization File Number 025-769
P.O. Box, Bldg., Room No., if	any The state of t	P.O. Box, Building and Room Number, if any
Street 11791 Spring I		Street 3245 Eliot Street
City Northglenn	ent process is a symmetric depart assessible years as in 1974 as a set of	City Denver:
State Colorado	ZIP Code + 4 80233-1236	State   Colorado   ZIP Code + 4   80211-3301
5. Position in labor organization	I home to the company of the company	
l <del></del>	The second section of the second section of the second second second second second second second section section second s	in consideration and the second control of the cont
Enter appropriate data belo	ow If, during the past fiscal year, you or your spo (except as specified in the exclu-	use or minor child directly or indirectly had any of the following interests usions set forth in the instructions):
A Held an interest in engage		derived income or other economic benefit of
monetary value from an em	ployer whose employees your organizati	on represents or is actively seeking to represent.
6. Name and address of Employ	yer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name Roadway Expres		Model Truck
go came co como vacciono	mandettet i man 40 km, an anne 1700 i manne	
Trade Name, if any:		
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P.O. Box, Bldg., Room No., if	any	7.b. Amount.
Et Vaccor MAN paginarens	A VERTICAL AND	Superiodic (1) was more Light superiodic (1) was superiodic (2) was su
P.O. Box, Bldg., Room No., if	A VERTICAL AND	Superiodic (1) was more Light superiodic (1) was superiodic (2) was su
P.O. Box, Bldg., Room No., if	A VERTICAL AND	7.b. Amount.
P.O. Box, Bldg., Room No., if  Street 14700 Smith Roa  City Aurora	ad  ZIP Code + 4  80011	7.b. Amount.
P.O. Box, Bldg., Room No., if  Street 14700 Smith Roa  City Aurora  State Colorado  15. Signature and verificati submitted in this report (inclu-	ZIP Code + 4 80011  Sign  Ion. The undersigned declares, under penalty of	7.b. Amount.  530  Perjury and other applicable penalties of the law, that all of the information (ing documents), has been examined by the signatory and is, to the best of the
P.O. Box, Bldg., Room No., if  Street 14700 Smith Roa  City Aurora  State Colorado  15. Signature and verificati submitted in this report (incluundersigned's knowledge au	Sign  Sign  Ion. The undersigned declares, under penalty of dang the information contained in any accompany	7.b. Amount.  \$30  Perjury and other applicable penalties of the law, that all of the information ring documents), has been examined by the signatory and is, to the best of the ction on penalties in the instructions.)
P.O. Box, Bldg., Room No., if  Street 14700 Smith Roa  City Aurora  State Colorado  15. Signature and verificati submitted in this report (inclu-	Sign  Sign  Ion. The undersigned declares, under penalty of dang the information contained in any accompany	7.b. Amount.  \$30  Perjury and other applicable penalties of the law, that all of the information (ing documents), has been examined by the signatory and is, to the best of the

Name of Person Filing Michael Ramos	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherworf an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name	gr. com ag
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer
Street	in the second se
City	
State State	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	Approximate dollar value of such dealing.      Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.
State  State	12.a. Nature of interest neid of intoffice received.
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	12.b. Amount.
	En y approximant ex segundo 19 Mgs, incurrence al Est y non minera el Est y non minera
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
The state of the s	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	# Change Have Strong and Plant Strong an
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing Michael Ramos	File Number U-
	L

## Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived in employees your organization represents or is actively seeking to represent.	ncome or other economic benefit of monetary value from an employer whose	
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.	
Name Yellow Freight  Trade Name, if any:	Model Truck	
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street 15950 Smith Road	2019 gay wan na na 2010 marana mana 2019 gay wan ingana an a 12 a 13 ma mang mana a 12 a 13 ma mang mana a 12 a 13 mang mana an 12 a 13 m	
City Aurora	\$40	
State Colorado ZIP Code + 4 80011		
A. Held an interest in, engaged in transactions (including loans) with, or derived i employees your organization represents or is actively seeking to represent.	income or other economic benefit of monetary value from an employer whose	
Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any	7.b. Amount.	
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City	Total gapanessamannan Sapanan and Arthur and	
State  St		
A. Held an interest in, engaged in transactions (including loans) with, or derived i employees your organization represents or is actively seeking to represent.	ncome or other economic benefit of monetary value from an employer whose	
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.	
Name  Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street	Security of Mark Constraints on MFS (MFS) is magazinated for the constraints on 1945 four values and media	
City	The state of the s	
State ZIP Code + 4		

Form LM-30 (2003)

Add New Part A

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The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

1/1/1/19	8-5-2005	
Signature	Date	